

Contaminated Sharps Injury Reporting Form (continued)

4. Did the injury occur. the sharp was used for its original intended purpose? *(Fill in one circle.)*

F Before *(do not report to TDH)* F During *(go to 4a)* F After *(go to 4a)*

a. If the exposure occurred "During" or "After" the sharp was used, was it? *(Fill in one circle.)*

F Because the patient moved during the procedure

F While disassembling

F While recapping

F While putting sharp into container

F Found in an inappropriate place (eg, table, bed, trash)

F Other _____

5. Did the device being used have engineered sharps injury protection?

F Yes *(go to 5a)*

F No *(go to 6)*

F Don't know *(go to 6)*

a. Was the protective mechanism activated?

F Yes, fully *(go to 5b)*

F Yes, partially *(go to 5b)*

F No *(go to 6)*

F Don't know *(go to 6)*

b. Did the exposure incident occur. activation of the protective mechanism? *(Fill in one circle.)*

F Before

F During

F After

6. Was the injured person wearing gloves?

F Yes

F No

7. Had the injured person completed a hepatitis B vaccination series?

F Yes

F No

8. Was there a sharps container readily available for disposal of the sharp?

F Yes

F No

9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident?

F Yes

F No

10. Involved body part *(Fill in one circle.)*

F Hand

F Arm (but not hand)

F Leg/foot

F Face/head/neck

F Torso (front or back)

11. Job classification of injured person *(Fill in one circle.)*

F MD/DO

F Respiratory therapist

F Dentist

F PA

F Phlebotomist/lab tech

F Dental hygienist

F CRNA/NP

F Aide (eg, CNA, HHA)

F School personnel (not nurse)

F RN

F EMT/Paramedic

F Housekeeper/laundry

F LVN

F Firefighter

F Chiropractor

F Surgery assistant/OR tech

F Police

F Other _____

Employment status of injured person *(Fill in one circle.)*

F Employee

F Contractor/Contract employee

F Student

F Volunteer

F Other _____

12. If not directly employed by reporter, name of employer/service/agency/school *(Optional.)*

13. Location/facility/agency in which sharps injury occurred *(Fill in one circle.)*

F Hospital

F Correctional facility

F Clinic

F Residential facility (eg, MHMR, shelter)

F Outpatient treatment (eg dialysis, infusion therapy)

F School

F Laboratory (freestanding)

F Home health

F Bloodbank/center/mobile

F Other _____

F EMS/fire/police

14. Work area where sharps injury occurred *(Fill in one circle for best choice.)*

F Patient/resident room

F L&D

F Autopsy/pathology

F Floor, not patient room

F Procedure room

F Blood bank/center/mobile

F Critical care unit

F Dialysis room/center

F Infirmary

F Emergency dept

F Seclusion room

F Field (non EMS)

F Rescue setting (non ER)

F Medical/outpatient clinic

F Service/utility area (eg, laundry)

F Pre-op or PACU

F Laboratory

F Home

F Other _____